

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2013
FORM APPROVED
OMB NO. 0938-0391

45th 7/14/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445239	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2013
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORGAN COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 015 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide rooms with the proper flame spread ratings.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on May 28, 2013 at 1:30 p.m. revealed that newly installed wainscoting was installed in the main dining room. No documentation could be provided showing flame spread ratings for the material that was installed.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013.</p>	K 015	<p>1) The Executive Director contacted Devin Scott of Scotts LTD Incorporated on 6/03/13 to alert them that the newly installed wainscoting in the main dining room would need to have a flame spread rating for the material installed.</p> <p>2) Maintenance Director contacted contractor to set-up a date to sand existing wainscoting, so new flame retardant product can be applied. Apply first coat of flame control 20-20A product. Apply top coat of flame control 40-40A product.</p> <p>3) In the future when renovations are done only fire retardant materials will be used.</p> <p>4) The Executive Director and / or Maintenance Director will bring any new proposed changes to the PI committee and review. Performance Improvement Committee to assure compliance Monthly X 3. Performance Committee members include, E.D., DON, ADON, RSM, Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, Maintenance Director, SDC, HIM, Medical Director, Pharmacy Consultant, and Psyche Services.</p>	July 10, 2013
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25.</p>	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Executive Director

6/12/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF MORGAN COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

419 SOUTH KINGSTON STREET
WARTBURG, TN 37887

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K 062 Continued From page 1
9.7.5

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to
maintain all automatic sprinkler system
components.

The findings include:

Observation on May 28, 2013 at 10:00 a.m.
revealed that the sprinkler head under the front
drive through canopy are corroded and tarnished.

This finding was verified by the maintenance
director and acknowledged by the administrator
during the exit conference on May 28, 2013.

K 062

1) Director of Maintenance contacted
Morristown Sprinkler on 6/12/13 to
alert them we would need to replace
several sprinkler heads at the facility
that are corroded or tarnished.

2) Maintenance Director and Maintenance
Associates will complete a 100% audit
of all areas of the building looking for
corroded or tarnished sprinkler heads by
6/14/13. Maintenance Director will
report audit findings to the Performance
Improvement Committee.

3) Maintenance Director or Maintenance
Associates will audit entire facility
monthly x 3 months to ensure that all
sprinkler heads are not corroded or
tarnished.

4) Maintenance Director will report audit
findings monthly to the Performance
Improvement Committee to assure
compliance. Performance Committee
members include, E.D., DON, ADON,
RSM, Activities Director, Social
Services Director, Dietary Manager,
Housekeeping Supervisor, Director of
Maintenance, SDC, HIM, Medical
Director, Pharmacy Consultant, and
Psyche Services.

July 10, 2013

y. h. h.

Executive Director

6/12/13